Attorney Ref. No.

As a below-named inventor, I hereby declare: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Patient Ventilation Devices, the specification of which

	(Check one)	~ is attached here	eto.				
	J.1.5,	~ was filed on	a	as Application Serial No	·		_
		and was amended	d on				(if applicable).
by any application or inverse	amendment refe tion under 37 CF ntor's certificate I	erred to above, and a R 1.56(a). I hereby c listed below and have	cknowledge a duty to laim priority benefits u	ne above-identified spec disclose information wi inder 35 U.S.C. 119 bas vany foreign application s claimed.	hich is mat ed on any t	erial to the ex foreign applic	xamination of this ation(s) for patent
FORE	IGN APPLICATI	ION(S), IF ANY, REF	ERRED TO ABOVE		_		
	COUNTRY APPL		CATION NUMBER DA		PR		RITY CLAIMED
	GB		0023250.4	21 September 2000		YES X NO	
		7 7 7	-			YES	
						YES	SNO
disclose and the	e material informa	ation as defined in 37	pplication(s) as requir C.F.R. 1.56(a) regard te of this application.	red by paragraph one of ding occurrences betwee	35 U.S.C. en the filing	112. I acknown date of the p	wledge as duty to rior application(s)
APPLICATION SERIAL NUMBER			DATE		STATUS		
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hereby to prose Address All state These	ecute this applica s all communicati ements made her statements were	ation and to transact a cons to LAW OFFICEs rein of my own knowl made with knowledge	all business in the Pates of LOUIS WOO, 19 edge are true. All state that willful false state	0,169 as my attorneys with ent and Trademark Officent 201 North Fort Myer Dri atements made on inform ments and the like so mane application or any pa	ce connect ive, Suite 5 mation and ade are pu	ed therewith.	n, Virginia 22209
Note:	name be consis	stent throughout the a	application papers. S	initials where appropriat igning of an application rademark Office except	more than	five weeks p	rior to filing or an
1.	Full name of inv	ventor Timothy Bater	man	Date:	27 ! L	المالح عدد	D61
	Inventor's signa	ature	TBat	X			
	Residence Citizenship	Dymchurch, Kent,	England e, Dymchurch, Kent Ti	N29 0QD, England			

X Additional inventors listed



ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR SIGNATURE BY SECOND AND SUBSEQUENT INVENTORS

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	Inventor's signature	×					
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4. 🚍	Full name of inventor	Date:					
	Inventor's signature						
	Residence						
21 21	Citizenship						
i w ED	Post Office Address						
Ē	1 con cimes / tagless						
5.	Full name of inventor	Date:					
	Inventor's signature						
	Davidana						
	Residence Citizenship						
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